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## BIB DATA SHEET

CONFIRMATION NO. 4578

<b>SERIAL NUMBER</b> 10/560,497	<b>FILING or 371(c) DATE</b> 12/12/2005 <b>RULE</b>	<b>CLASS</b> 568	<b>GROUP ART UNIT</b> 1621	<b>ATTORNEY DOCKET NO.</b> PN0324	
<b>APPLICANTS</b> Lars Terje Holmaas, Spangereid, NORWAY; Ole Magne Homestad, Spangereid, NORWAY; Jan Cervenka, Oslo, NORWAY; Khalid Hussain, Oslo, NORWAY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NO04/00199 07/01/2004 <b>** FOREIGN APPLICATIONS *****</b> NORWAY 20033058 07/03/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/29/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /SUDHAKAR KATAKAM/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance sk Initials	<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> GE HEALTHCARE, INC. IP DEPARTMENT 101 CARNEGIE CENTER PRINCETON, NJ 08540-6231 UNITED STATES					
<b>TITLE</b> Process for iohexol manufacture					
<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		